



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
615-741-1741**

COLLECTION SERVICE LICENSE APPLICATION INFORMATION TENNESSEE CODE ANNOTATED  
REQUIRES THAT AN APPLICATION FOR A LICENSE AS A COLLECTION SERVICE SHALL BE  
ACCOMPANIED BY THE FOLLOWING:

1. A complete application
2. A non-refundable application fee of one hundred fifty dollars (\$150)
3. A current personal and/or corporate financial statement prepared by a licensed public accountant and/or a certified public accountant
4. A surety bond executed by the applicant and a surety company authorized to do business in this state made payable to the State of Tennessee. The amount of this surety bond shall be pro-rated and based on the certified number of employees per collection agency as follows:
  - [a] 1-4 employees - fifteen thousand dollars (\$15,000);
  - [b] 5-9 employees - twenty thousand dollars (\$20,000);
  - [c] 10 or more employees - twenty five thousand dollars (\$25,000); or
  - [d] Instead of such bond, a certificate of deposit shall be conditioned that the applicant shall faithfully and truly perform all agreements entered into with its clients and the net proceeds of all collections in accordance with this chapter:  
and
5. A satisfactory proposed budget of monthly operating expenses for the first (6) months of operation
6. Business tax (City and county tax-Tennessee residents only)

THE BOARD REQUESTS THAT CORPORATIONS SUBMIT A COPY OF THEIR ARTICLES OF INCORPORATION.

**PAGE 2**

MANAGER- TENNESSEE CODE ANNOTATED requires that "every collection service shall have, for each location which business is conducted, a location manager who has passed the Collection Service Board Examination".

LICENSE FEE- After the Board has approved your application, you may obtain a Collection Service Board license by

submitting a fee of six hundred dollars (\$600.00). YOU WILL BE NOTIFIED UPON APPROVAL.

SOLICITOR IDENTIFICATION CARD- No person may act as a solicitor for any collection service unless he/she

possess a valid solicitor's identification card. Solicitor cards may be obtained by submitting twenty-five dollars

(\$25.00) for each card requested.

**Please allow 1-2 weeks processing time for all completed applications that have a licensed location manager and have been approved by the Board.**



STATE OF TENNESSEE

DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD

500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

Phone 615-741-1741 Fax 615-253-1179

[www.tn.gov/commerce/boards/collect](http://www.tn.gov/commerce/boards/collect)

APPLICATION FOR A COLLECTION SERVICE LICENSE TO OPERATE IN TENNESSEE

=====

FEES: Application Fee - \$150.00 \_\_\_\_\_ ENCLOSE THE FOLLOWING WITH THIS  
License Fee - \$600.00 \_\_\_\_\_ APPLICATION:  
Solicitors Card \$25.00 ea \_\_\_\_\_

Bond or letter of credit \_\_\_\_\_  
Completed Application \_\_\_\_\_  
Financial Statement \_\_\_\_\_  
Proposed Budget \_\_\_\_\_  
Proof of Privilege tax \_\_\_\_\_

=====

NOTE: ALL ANSWERS MUST BE TYPED OR PRINTED. ALL APPLICABLE QUESTIONS  
MUST BE ANSWERED FULLY, OTHERWISE YOUR APPLICATION WILL NOT BE REVIEWED.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY NAME (AS DESIRED ON CERTIFICATE)

\_\_\_\_\_  
STREET P.O. BOX BUILDING

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER AND AREA CODE

\_\_\_\_\_  
OTHER AGENCY NAME (S) OPERATING UNDER

OUR AGENCY IS: (CHECK ONE)

a. \_\_\_\_\_ Sole Proprietorship b. \_\_\_\_\_ Partnership c. \_\_\_\_\_ Corporation d. \_\_\_\_\_ Limited Liability Company

e. \_\_\_\_\_ Other (Explain)

Section (e) should include merchant owned, association, foreign agency, etc.  
EXPLANATION:

ANSWER ONLY THE FOLLOWING SECTION THAT PERTAINS TO YOUR TYPE OF AGENCY  
[A] SOLE PROPRIETORSHIP (List all parties that have financial interest in the agency)

NAME RESIDENCE ADDRESS

NAME RESIDENCE ADDRESS

NAME RESIDENCE ADDRESS

[B] PARTNERSHIP

NAME % OWNERSHIP RESIDENCE ADDRESS

NAME % OWNERSHIP RESIDENCE ADDRESS

NAME % OWNERSHIP RESIDENCE ADDRESS

(IF MORE THAN THREE (3) PARTNERS, PLEASE LIST FULL INFORMATION OF OTHER PARTNERS  
ON SEPARATE SHEETS SHOWING SAME INFORMATION AS ABOVE)

[C] CORPORATION

PRESIDENT % STOCK OWNED RESIDENCE ADDRESS

VICE PRESIDENT % STOCK OWNED RESIDENCE ADDRESS

SECRETARY % STOCK OWNED RESIDENCE ADDRESS

TREASURER % STOCK OWNED RESIDENCE ADDRESS

LIST OTHER OFFICERS OR STOCKHOLDERS WHO HAVE A RIGHT TO PARTICIPATE IN  
MANAGEMENT OF THIS CORPORATION.

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

[D] LIMITED LIABILITY COMPANY (LLC)

NAME RESIDENCE ADDRESS

NAME RESIDENCE ADDRESS

DATE YOUR CORPORATION CHARTERED IN TENNESSEE: \_\_\_\_\_

IF OTHER THAN FOREIGN AGENCY, FILL IN BELOW:

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

NAME AND TITLE % STOCK OWNED RESIDENCE ADDRESS

GIVE ADDITIONAL INFORMATION ABOUT THIS AGENCY OR OWNERS THAT MAY BE NECESSARY.  
IF ADDITIONAL SPACE IS NEEDED, USE OTHER PAPER.

IF YOU ARE A FOREIGN CORPORATION ANSWER BELOW:

1. IN WHAT STATE IS YOUR AGENCY DOMICILED? \_\_\_\_\_

2. HOW LONG HAS THIS CORPORATION BEEN IN EXISTENCE? \_\_\_\_\_

NAME AND ADDRESS OF COUNSEL OR AGENT IN TENNESSEE FOR CONTACTS BY BOARD AND  
FOR SERVICE OF LEGAL PROCESS: (IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED 62-  
20-117 (b) (1))

NAME AND TITLE

STREET CITY STATE ZIP CODE

ADDITIONAL INFORMATION:

=====

ALL QUESTIONS TO FOLLOW MUST BE ANSWERED BY ALL CLASSIFICATIONS OF AGENCIES:  
LIST THE PLACES THIS AGENCY HAS BEEN ENGAGED IN ANY KIND OF BUSINESS OR VOCATION  
FOR THE PAST SEVEN (7) YEARS. (LIST THE MOST RECENT FIRST)

a. \_\_\_\_\_  
NATURE OF BUSINESS

EMPLOYER

ADDRESS

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

b. \_\_\_\_\_  
NATURE OF BUSINESS

EMPLOYER

ADDRESS

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

c. \_\_\_\_\_  
NATURE OF BUSINESS

EMPLOYER

ADDRESS

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

2. HAVE YOU EVER BEEN DENIED A LICENSE IN ANOTHER STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER IS "YES", PLEASE GIVE A FULL EXPLANATION ON A SEPARATE SHEET OF PAPER.

3. IN THE LAST SEVEN (7) YEARS, HAVE YOU:

a. BEEN CONVICTED IN ANY COURT OF FRAUD? YES \_\_\_\_\_ NO \_\_\_\_\_

b. BEEN CONVICTED OF OR HAD JUDGEMENT ENTERED AGAINST YOU FOR FAILURE  
TO PAY ACCOUNT TO A CLIENT FOR MONEY OR PROPERTY COLLECTED BY YOU FOR  
THE CLIENT? YES \_\_\_\_\_ NO \_\_\_\_\_

c. BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

d. DO YOU NOW HAVE ANY CIVIL ACTIONS PENDING AGAINST YOU OR YOUR  
AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

e. DO YOU NOW HAVE ANY FELONY OR MISDEMEANOR CHARGES PENDING AGAINST  
YOU OR YOUR AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOUR ANSWER (S) TO ANY PARTS OF QUESTION THREE (3) ARE ANSWERED "YES", PLEASE  
GIVE FULL EXPLANATION IN THE SPACE PROVIDED OF ON A SEPARATE SHEET OF PAPER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. IN THE LAST SEVEN (7) YEARS, HAVE YOU HAD ANY TYPE OF CIVIL JUDGEMENT AGAINST  
YOUR AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE IF ANSWER IS "YES".

\_\_\_\_\_  
\_\_\_\_\_

5. IF YOU ARE AN ATTORNEY APPLYING FOR A LICENSE, IN THE LAST SEVEN (7) YEARS HAS  
YOUR LICENSE TO PRACTICE LAW BEEN SUSPENDED AND/OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_  
DESCRIBE IF ANSWER IS "YES" \_\_\_\_\_

\_\_\_\_\_

6. GIVE THE NAMES AND ADDRESS OF SIX (6) CLIENTS THAT YOU ARE NOW SERVING ALONG WITH APPROXIMATE LENGTH OF TIME YOU HAVE SERVED THEM.

a. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

b. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

c. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

d. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

e. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

f. \_\_\_\_\_  
NAME TIME SERVED

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

7. DO YOU AFFIRM AT THIS POINT IN THE APPLICATION THAT YOU REMIT TO YOUR CLIENTS MONIES COLLECTED FOR THEM WITHIN THIRTY (30) DAYS AFTER THE CLOSE OF EACH MONTH UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH SPECIFIC CLIENTS? YES\_\_\_\_ NO \_\_\_\_

PLEASE WRITE ANSWER AND INITIAL: \_\_\_\_\_

IF ANSWER IS "NO" PLEASE EXPLAIN: \_\_\_\_\_

8. NAMES OF BANK (S) WHERE YOU DEPOSIT CLIENTS' MONEY, ALONG WITH ACCOUNT NUMBER:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

9. NAMES OF BANKS YOU DEAL WITH PERSONALLY ALONG WITH ACCOUNT NUMBERS:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

10. IN THE LAST SEVEN (7) YEARS, HAVE YOU OR YOUR AGENCY BEEN DECLARED BANKRUPT?  
YES \_\_\_\_\_ NO \_\_\_\_\_

11. HAVE YOU EVER BEEN ACTIVE FINANCIALLY IN ANY BUSINESS THAT HAS BEEN DECLARED  
BANKRUPT? YES \_\_\_\_\_ NO \_\_\_\_\_

12. LIST THE NAMES OF ANY NATIONAL TRADE ASSOCIATIONS DIRECTLY CONNECTED WITH  
CREDITS AND COLLECTIONS THAT YOU ARE A MEMBER.

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

13. LIST THE NAMES AND ADDRESSES OF THREE (3) PERSONS (NOT RELATED TO YOU) WHO CAN  
ATTEST TO YOUR REPUTATION FOR HONESTY, GOOD MORAL CHARACTER AND RECOMMEND  
YOU TO THE TENNESSEE COLLECTION SERVICE BOARD.

a. \_\_\_\_\_  
NAME TELEPHONE NUMBER YEARS KNOWN

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

b. \_\_\_\_\_  
NAME TELEPHONE NUMBER YEARS KNOWN

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

c. \_\_\_\_\_  
NAME TELEPHONE NUMBER YEARS KNOWN

\_\_\_\_\_  
STREET CITY STATE ZIP CODE

14. EXPLAIN BRIEFLY WHAT SERVICES YOU RENDER. IF ADDITIONAL SPACE IS NEEDED, ANSWER  
ON SUPPLEMENTAL PAPER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE WITHIN AGENCY HAS, OR WILL HAVE THE FOLLOWING NUMBER OF  
EMPLOYEE'S

a. 1-4 \_\_\_\_\_

b. 5-9 \_\_\_\_\_

c. 10 or more \_\_\_\_\_



UNDER THE PENALTIES OF PERJURY, I DECLARE THAT THE STATEMENTS MADE HEREIN ARE FOR THE PURPOSE OF INDUCING THE ISSUANCE OF A LICENSE AND THAT ALL QUESTIONS HAVE BEEN ANSWERED AND ALL ACCOMPANYING DOCUMENTS HAVE BEEN STATED TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

\_\_\_\_\_  
TYPE OR PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
LOCATION MANAGER LICENSE NUMBER

SUBSCRIBED AND SWORN TO ME BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

CONSENT TO SERVICE OF JURISDICTION

KNOW ALL MEN BY THESE PRESENT:

The undersigned individual, \_\_\_\_\_ being an applicant for license as a non-resident Collection Business or Location Manager of the State of Tennessee, does hereby irrevocably consent, stipulate and agree that suites and actions may be commenced against such applicant in the proper court of any county of the State of Tennessee in which a cause of action may arise in which the plaintiff may reside, by the service of any process or pending authorized by the laws of the State of Tennessee on the Secretary of the Collection Service Board, and that such service of such process or pleading in said Secretary shall be taken and held in all courts to be as valid and binding as if the service had been made upon said applicant in the State of Tennessee.

Signed at \_\_\_\_\_ on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared \_\_\_\_\_ before the undersigned notary public in and for the above named county and state, the day and date above named, and acknowledged the execution of the foregoing instrument to be voluntary act and deed of such applicant for the purposes therein set forth.

\_\_\_\_\_  
Notary public

in and for \_\_\_\_\_ County, State of

\_\_\_\_\_

(NOTARIAL SEAL)

My commission expires \_\_\_\_\_

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
COLLECTION SERVICE BOARD  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
615-741-1741  
REQUEST FOR SOLICITORS IDENTIFICATION CARDS

---

NAME OF COLLECTION SERVICE

---

STREET P.O. BOX BUILDING

---

CITY STATE ZIP CODE

---

NUMBER OF SOLICITOR CARDS REQUESTING

---

AMOUNT ENCLOSED \$25.00 EACH

---

LOCATION MANAGER'S SIGNATURE